



**Please type or print CLEARLY in ink
and read and sign the Agreement & Release on the reverse,**

Submit with your deposit by the Registration Deadline indicated on your Itinerary to register.

Tour Name _____ Tour Dates _____

Group/School Name _____

Teacher or Group Leader _____

TRAVELER TYPE: Student Adult Participant (>18 yrs) Group Leader/Chaperone

NAME _____
(LAST) (FIRST) (MIDDLE, IF ON PASSPORT)

Address _____
(STREET) (CITY) (STATE) (ZIP CODE)

Phone (home) _____ (cell) _____

Traveler Email (for correspondence) _____ @ _____ . _____

Date of Birth _____ Citizenship _____ Gender: Male Female

If traveler is under 18 years of age, please complete below ~

Parents/guardians Name _____

Phone (home) _____ (cell) _____ (work) _____
(LAST) (FIRST)

Address (if different) _____
(STREET) (CITY) (STATE) (ZIP CODE)

Alternate Emergency Contact & Phone: _____

Please indicate any health conditions or concerns (e.g., allergies, medications, etc.): _____

Dietary Restrictions (Vegetarian, Vegan, Gluten Free, etc): _____

Primary Physician _____ Phone _____

Health insurance company & policy number: _____

**If health insurance information is left blank, proof of coverage or other travel insurance will be required at least 30 days prior to departure.*

Payment/Billing Information ~

Amount of Deposit Enclosed: \$ _____ (Refer to Preliminary Itinerary for amount required)

Deposit Method (check one below):

- Check/Money Order - Payable to Group Tours, Inc. with traveler's name and tour # in the memo
- Cash - Attach at your own risk ONLY if approved by your group leader in a sealed, labeled envelope
- Credit Card - Visa, Mastercard or Discover accepted by phone only, please call with credit card information

Please Send Invoices By: Email (to email address below*) Regular Mail (USPS)

Parent/Adult Email Address* _____ @ _____ . _____

**Please note, invoices will be sent to this address unless "Regular Mail (USPS)" is checked above*

Do not write below this line, for OFFICE USE ONLY

DATE RCVD _____ DEPOSIT RCVD _____ RCVD BY _____ CLEARED/COMPLETE _____